MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 137 Queen St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 137 Queen St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Isabel	Stevenson	Beck	June 6 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W	Single	Oct. 29 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nursing	Nursing	Kent Co. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Late) Samuel Beck	(Late) Ellen Constable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	---	S. Scott Beck Jr. Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 yrs dur
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 1-6, 1952, to 1-10, 1952, that I last saw the deceased alive on June 5 1952, and that death occurred at 4 00 Am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Culbreath, M.D. ADDRESS Chestertown DATE SIGNED 6-6-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 8 1952	St. Paul Cemetery	Near Fairlee, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8-1952	Clara L. Barnes.	Harris V. Williams	Chestertown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

COPY SENT TO ~~LOCAL~~ c/o REGISTRAR No.____ DATE

MARYLAND STATE DEPARTMENT OF HEALTH

06512

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-3

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Starkey Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PUERTO RICO — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bo Aguacate
STREET ADDRESS (If rural, give location) Anda Palmeras

3. NAME OF DECEASED (Type or Print): (First) CORSINO (Middle) (Last) CRUZ

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: PUERTO RICO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH:

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): PUERTO RICO

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: PABLO SANTIAGO

14. MOTHER'S MAIDEN NAME: VICOMEDEZ CRUZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: BASILIO CRUZ (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

493 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1952 to 6/22, 1952 that I last saw the deceased alive on 6/22, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: Robert E. Ensor, MD (Degree or title) ADDRESS: Chestertown, Md. DATE SIGNED: 6/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 23 1952 — NAME OF CEMETERY OR CREMATORY: Galena Cemetery — LOCATION (City, town, or county) (State): Galena Kent Co. Maryland

DATE REC'D BY LOCAL REG.: June 23, 1952 — REGISTRAR'S SIGNATURE: Elizabeth J. Mumford

24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown, Md.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-03

1. PLACE OF DEATH: COUNTY Kent. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall. MARYLAND. LENGTH OF STAY (In this place) 6 years. HOSPITAL OR INSTITUTION OR STREET ADDRESS Skinners Neck.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall. STREET ADDRESS (If rural, give location) Skinners Neck.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August-	Leo	Heine Field	June	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec 23 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter	Work for Self	Germany	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Herman Heine Field	Anna Maria Schumpr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	320-01-9116	Mrs Mary L. Heine Field

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Oedema — Interval between onset and death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno Carcinoma of Stomach

1517

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 5	Adeno Carcinoma of Stomach	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 12, 1950, to June 1, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 1:30 a m., from the causes and on the date stated above.

SIGNATURE: Robert C Ritchey (Degree or title) MD ADDRESS 215 Cleveland Ave DATE SIGNED June 1/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/3/52	Wesley Chapel	Rock Hall Kent Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/3/52	J. Elwood Burgin	Edgar T. Lane	Edwards Md.

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06514

Reg. Dist. No. 2.02

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	CARROLL	JACOB	June	29	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W		Feb 16, 1928	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Fishing	Maryland	U.S.A.

13. FATHER'S NAME: Samuel C. Jacob
14. MOTHER'S MAIDEN NAME: Margaret R. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	1947-1950		Samuel C. Jacob, Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Internal chest injuries /	about
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right sided tension pneumothorax + costal rupture diaphragm with lung injuries /	1 3/4
824.4	(c) Sustained in motor vehicle accident	hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Chestertown	Kent	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	29	52	5:45 p.m.			Full of fish which had left yard + ran off bridge by C.C. Lane and Rd of bank

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Chestertown, Md	6/29/52

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 2-52	Wesley Chapel	Rock Hall	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 2-1952	Chas S. Barnes	Edgar L. Lane	Church Hill Md

VS. A15A

RECEIVED
JUL 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06515

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN, MD.; LENGTH OF STAY (in this place) 39 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 215 Water ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Same) MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. GERTRUDE (Middle) Ross (Last) KRATZER

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: July 16, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meadville, PA.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Ross

14. MOTHER'S MAIDEN NAME: JULIE GUANDIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Phillip V. Kratzer, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

420.1

INTERVAL BETWEEN ONSET AND DEATH: few Minutes / years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to 6/17, 1952 that I last saw the deceased alive on 6/17, 1952 and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE: Robert E. Euser (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 6/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: June 20, 1952; NAME OF CEMETERY OR CREMATORY: Chester Cemetery; LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: June 19-1952; REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: Chestertown, Md.

RECEIVED
JUN 23 1952
BUREAU W. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN; LENGTH OF STAY (in this place) 50 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMPUS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) Campus Ave.

3. NAME OF DECEASED (Type or Print): (First) Mr. JAMES (Middle) SAMUEL (Last) KREEGER

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 4 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Optometrist

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Alexander Kreeger

14. MOTHER'S MAIDEN NAME: Adeline Shore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 2

17. INFORMANT AND ADDRESS: Mrs. Sam Kreeger - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro - vascular Hemorrhage — Interval Between Onset and Death: 1 hour

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to June 2, 1952, that I last saw the deceased alive on June 2, 1952 and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robt E. Ensor, MD — ADDRESS: Chestertown, Md. — DATE SIGNED: 6/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 4 1952 — NAME OF CEMETERY OR CREMATORY: Chesta Cemetery — LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: June 3-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: Marion V. Wallace — ADDRESS: Chestertown Md.

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 [illegible]

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~[illegible]~~ [illegible], Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) COUSINS (Last) LIPSCOMB

4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH [illegible] 1888
9. AGE last birthday 6 [illegible] yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY Catering
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Lipscomb
14. MOTHER'S MAIDEN NAME Mollie K LuCORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: less than 20 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis + angina pectoris — 3-4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert W Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 6-16-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF June 18, 1952
NAME OF CEMETERY OR CREMATORY Church Cemetery
LOCATION (City, town, or county) (State) Kennedyville Md

DATE REC'D BY LOCAL REG. June 17-1952
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

06943

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rock Hall
LENGTH OF STAY (in this place) Several years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashley, Oyster House - Piney Neck Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Rock Hall
STREET ADDRESS (If rural, give location) Ashley Oyster House - Piney Neck

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Moore

4. DATE OF DEATH: (Month) Unknown (Day) (Year) Last Seen about June 1952

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married ?

8. DATE OF BIRTH: Unknown

9. AGE last birthday: About 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Oyster House for several years

11. BIRTHPLACE (State or foreign country): Unknown but probably Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-12-5418

17. INFORMANT: Gilbert Ashley - Rock Hall, Md. Mr Charles Crouch, Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Unknown. Was known to be an alcoholic, to be

Antecedent cause(s) (b) feeble and given to the habit of walking along the road and going to sleep along the roadside. His re-

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) mains were found in a small patch of bushes and weeds near the road, at the edge of a cornfield. Only the skeleton, a little skin and some hair off the scalp re-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: mained. He was discovered by the farmer when he began picking corn in the field. No evidence found to indicate death from other than natural causes.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I viewed the deceased ~~from~~ on 10/28/1952 held an inspection of the remains and that death occurred at an unknown time, from unknown causes

SIGNATURE (Degree or title) Robert W. Farr, M.D. ADDRESS Chestertown DATE SIGNED 10/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Oct. 30 1952 NAME OF CEMETERY OR CREMATORY: Sharptown Cimetry LOCATION (City, town, or county) (State): Rock Hall. Maryland

DATE REC'D BY LOCAL REG. 10/29/52 REGISTRAR'S SIGNATURE: S. Elwood Bongear

24. FUNERAL DIRECTOR: Marvin V. Williams ADDRESS: Chestertown, Md

VS-A15

OCT

06518

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) D. (Last) SHAHAN
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 18 1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming Own Farm
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Shahan
14. MOTHER'S MAIDEN NAME Martha Timons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs Jas. Alexander Sr. Rural Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Mitral Stenosis (sudden)	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocardial	6 years
	(c) Arteriosclerosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Near Millington (COUNTY) Kent Co (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1952, to June 16, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 7 30 m., from the causes and on the date stated above.

SIGNATURE Merritt Bine (Degree or title) ADDRESS Millington DATE SIGNED June 17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 18/1952
NAME OF CEMETERY OR CREMATORY Townsend Cem.
LOCATION (City, town, or county) Townsend (State) Del.

DATE REC'D BY LOCAL REG. June 17, 1952
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairlee Rd; MARYLAND; LENGTH OF STAY (In this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.D.; STREET ADDRESS (If rural, give location) Fairlee Rd

3. NAME OF DECEASED (Type or Print): (First) MRS. SARAH (Middle) ESTELLE (Last) VICKERS

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct. 15, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kent County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE E. LAMBERT

14. MOTHER'S MAIDEN NAME: MARY TEMPERENCE RALEIGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs John Klein, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular hemorrhage	12 hours.
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mesenteric Thrombosis	24 hours
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951 to 6/16, 1952 that I last saw the deceased alive on 6/16, 1952, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Enos, MD

ADDRESS: Chestertown Md.

DATE SIGNED: 6/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 19, 1952

NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery

LOCATION (City, town, or county) (State): Fairlee Kent Co. Md.

DATE REC'D BY LOCAL REG.: June 19-1952

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Mann V. Williams - Chestertown Md

ADDRESS

RECEIVED
JUN 23 1952
BUREAU V. S.